





Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Justin Alfund		Office: ☐ House ☐ Senate
Mailing address 134 Sheridan St.	POLITICAL I TICALI I TANGGI TANGGI SILAT PI SANG-PARANGKA PITANGKA TANGGI POSE A LIBAN KAN-PANANGKA TANGGI TANGGA I ILANG	District 8
City, zip code Portland, ME 04	encontraction and the second and the	Phone 8 2 8 - 0 2 7 7
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom yo economic activity of each employer.	ou received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
State HUR Stration  Augustra. ME 04330	verrund authorities a verrous lancous actual actual and an actual	Government
August4./14 04330		
Processor de la compactación de la	RIVED FROM SELF-EMPLOYMEN rs who are self-employed.)	
A. List the name and address of your business, if any, and li associated with a partnership, firm, professional association, entity.	ist the major areas of economic activity	
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: BAyside MAINE LLC Address: 477 Congrum Street, Suite 1012 Portland ME 04101	Davuspment	
Name:		
Address:	The state of the s	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY (For Legislators who are self-employed.)	MENT
B. List each source of income derived from self-employment that represents more than 10% of your g greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the princentity or person from whom the income was derived.	lerived such income. If this form of cipal type of economic activity of the
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	To the state of th
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your fir  Major Areas of Pra	
Name and Address of Firm (self)	ctice Major Areas of Practice (firm)
Name:	realities
Address:	
Name:	Outston with the second of the
Address:	
	sipalse at the colors of the c
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not include g	ifts. If none, check the box.
None	galanganganinangananganganganganganganganganganganga
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: JKR LLC	Shares of Partnership
Address: 4. Dexter Enterprise, 2 Honoruning Sq. Porthand, ME 04101	Income
Name: BNY Millin Westh Management	Investment
Address: 201 Washiyton St, Boston, MA 02108	K - 3/// (8//)
PART 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liability or loans from a relative. If no	
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Name:	- Namentan conservation and district and a State of State

PART 6. RE	EPORTABLE GIFTS
List the specific source of each gift of more than \$300. Include none, check the box.	gifts with an aggregate value of more than \$300 from a single source. If
None	
Name of Source of Gift	Name of Source of Gift
1. Programine States Notwerk Conference	3.
2. Emeging Political Leavens Conference	4.
PART 7. REPO	RTABLE HONORARIA
List the source of any honoraria accepted for appearances or spe-	eches related to your legislative responsibilities. If none, check the box.
None	
Name of Source of Honoraria	Name of Source of Honoraria
1.	3.
2.	

PART 8. REPRESENTATION	I BEFORE STATE AGENCIES
List each executive branch agency before which you represented or box.	assisted others for compensation of any amount. If none, check the
<b>松</b> None	
Name of Agency	Name of Agency
1.	3.
2.	4.

PART 9. BUSINESS 1	WITH STATE AGENCIES
List each executive branch agency to which you or a member of y \$1,000 during the reporting period. If none, check the box.	our immediate family sold goods or services with a value in excess of
None	
Name of Agency	Name of Agency
1.	3.
2.	4.

## PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY

List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or domestic partner or dependent child(ren) during the reporting period and the kind of income represented. If your spouse or domestic partner received \$1,000 or more of income, their name and job title are listed. Do not include gifts.

Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name:	1.	Spouse or	1.
Job Title:	2. 3.	Domestic Partner	3.
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	— этем — бубине выполнения от прине то по выполнения от по выборь выполнения от по выполнения выстительным выполнения вы	Dependent Child	MANAGEMENTER PROVINCES PROVINCES PARAGEMENTS PARAGEMENTER PROVINCES
	от не при	Dependent Child	- and the distribution of

## PART 11. OFFICER OR DIRECTOR POSITIONS

List any for-profit or nonprofit corporation, firm, association, partnership or business in which you or a member of your immediate family heldany office, trusteeship, directorship, or position of any nature. Indicate whether you or a family held the position and whether the position was compensated. If a family member listed, indicate your relationship and the name of the family member.

None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
William and John Afford Foundation 2 minument Sq. Portland, ME 04101	Member	Justin Alfund	Justin Alfund	NO
Mine hitiatives 295 water street #100 Agusta, ME 0433	poord Number	Justini Alfond	Justin	γo
Opportunity Maire 177 Lancester St. Portland, ME 04101	BOOKS	Justia Alfund	Justin Alfund	NO

## **SIGNATURE**

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

Signature

FEB 17, 2010
Date

	ADDITIONAL IN	IFORMATION			an cara di Silveria da prima più kao di Assilia
•	le any additional information below (and on addition you are providing.	nal sheets if nee	ded). Indicat	e the part or sect	ion number for
Part/Section Number				in de grande de grand De grande de grande d	
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	ARSTA HOWING 307 Cumberland Aunuc Portland, ME OYIUI	Board Member	Justi i Alfond	Justia Attornal	N0
	Hour Exchange 474 Forest Astract Portland, ME	Board Member	Radael Wendkin	Romael	20

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	Justin Alfond		
	Sources of Income		
	Fus 17, 2010		
	The state of the s		
PART 4	3. Mulin Trust of New England	) 500 loss st., suite 650	1-terrot
(continued)		Pittsburgh, PA 15262-00)	
	A. Purchase Investors LLC	c/o A. UZZo: Company	Sharc of
pt	es (Caracina de Caracina de Ca	287 Bowman AIC.	Partnership
	Wednesd Statement of the Control of	Purchage, NY 10577	Income
	Property Management (1997)		
	5. Ellin Loring Trust	A. UZZo Trustee	laucotments
	FBO JUStin Alfond	287 Bowman Avc.	distributed and the second
		Purchase, NY 10577	
N	6-PLAN B, LLC	1 Monhagion Sun Blud, #116	Shorouf
**************************************	50- 1	Uncassville, cT 06382	Partnership
	To the state of th		Income
	7 Shack Foods of	149 Alewife Brook Parkway	Shorrs of Partnersh
	America LLC	Combudyé, MA 02140	laume
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